Reg	istration ENDS at 12noon o	n Thursday	, Nov	ember	12, 20			
Name:								
Address:								
City:	State: Z	ip:		Phor	ne:			
Email:				Gend	der (circ	le one):	Male / Fe	emale
Birth Date:	Age on Race Day:	10K Whee	elchaiı	r Divisio	n (circle	e one):	Yes / No	
Race shirt size (circle one):	Youth: YM YL	Adult:	S	М	L	XL	XXL	
Pre-registration entry fee (cire	cle one): *10K <i>Adult:</i> \$24	*10K Y	outh/s	Senior: 🤅	\$20 (19 &	& under/ 6	0 & over)	
LONGMONT	2M <i>Adult:</i> \$20	2M Y	outh/s	Senior: 🤄	\$18 (19 8	& under/ 6	0 & over)	
RECREATION & GOLF SERVICES A Division of Community Services	Total Paid:	Cash	Cł	neck*	Cred	lit**		
2015 Longmont Turkey Trot Waiver Please read and accept the liability/release waivers below: LT RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT Iderstand that there are certain risks involved with participating in the City of Longmont activity identified above. I by RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, AND ITS OFFICERS, AGENTS, INTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily, Illness, death and/or property damage resulting from any incident which may occur to me as a result of participating e City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, no r damage is caused by the willful or reckless actions or gross negligence of the City of Longmont, or its officers, ts, volunteers, assistants or employees. DR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS PARSHOD RECEIVED FROM THE PROPRIESS AGENTS, VOLUNIA AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNIA.			Mail: Send form by Monday, Nov. 9 with payment t Centennial Pool, 1201 Alpine St, Longmont, CO 8050					
			staff will call for credit card number.					
			All payments must be received before 12noon on 11/12					

ADUI

identi TEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

EMERGENCY MEDICAL AUTHORIZATION:

In the event of injury or illness, I give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for me and/or my child(ren)/ward(s). I agree to pay all reasonable expenses for medical and related treatment obtained for me and/or my child(ren)/ward(s) and further agree that the City of Longmont is not liable for payment of such expenses.

PHOTOGRAPH RELEASE

I permit the City of Longmont to take and use photographs of me and/or my child/ward for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/ward for such purpose. I understand that such photographs of me and/or my child/ward remain the property of the City of Longmont.

Printed Participant/Parent/Guardian Name Date

Participant/Parent/Guardian Signature: Date /15.

Bib & Shirt pick Up:

Friday November 13, 4-6pm

Longmont Recreation Center, 310 Quail Rd.

Saturday, November 14, 7-8:30am

(Race location) Altona Middle School, 4600 Clover Basin Dr.

*10K Time Limit: 2 hours & 15 minutes

Race will be held regardless of weather. Sorry, **NO** refunds for special events.

